



Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

IFW

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|--|-------------------|
| Application Number | 10/750,996 |
| Filing Date | December 31, 2003 |
| First Named Inventor | Antoni KOZLOWSKI |
| Art Unit | 1711 |
| Examiner Name | Duc TRUONG |
| Total Number of Pages in This Submission | SHE0065.00 |

ENCLOSURES (Check all that apply)

| | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> PTO/SB/08B; 7 Cited References; and |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | Return Receipt Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---------------------|----------|--------|
| Firm Name | Nektar Therapeutics | | |
| Signature | | | |
| Printed name | Mark A. Wilson | | |
| Date | October 18, 2006 | Reg. No. | 43,275 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | |
|-----------------------|-----------|------|
| Signature | | |
| Typed or printed name | Anna Tran | Date |

10/18/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Antoni KOZLOWSKI) Atty. Docket No.: SHE0065.00
et al.)
Application No.: 10/750,996) Examiner: Duc TRUONG
Filed: 12/31/2003)
Title: MALEAMIC ACID POLYMER)
DERIVATIVES AND THEIR)
BIOCONJUGATES)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, Virginia 22313-1450 on 10/18/2006

Signed: 

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR §1.56, §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

The references listed in the attached Forms PTO/SB/08B may be material to examination of the above-identified patent application. Applicants submit these references in compliance with their duty of disclosure pursuant to 37 CFR §§1.56, 1.97, and 1.98. The Examiner is requested to make these citations of official record in this application.

This Information Disclosure Statement is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that these references indeed constitute prior art.

This Information Disclosure Statement is being timely filed under 37 CFR §§1.97 and is being filed:

- within three months of the filing date of a national application or an RCE; within three months of the date of entry of the national stage as set forth in section 1.491 in an

international application; or before the mailing date of a first Office action on the merits (whichever event occurs last).

- Attached is Check No. _ in the amount of \$0.
- Please charge the amount of \$____ to Deposit Account 500348
- If it is determined that any additional fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 500348.

Respectfully submitted,

NEKTAR THERAPEUTICS

Dated: April 19, 2006

By:

Mark A. Wilson
Mark A. Wilson
Reg. No. 43,275

NEKTAR THERAPEUTICS
150 Industrial Road
San Carlos, CA 94070
(650) 631-3100



| | | |
|--|---------------------------------------|---------------------------------------|
|  Form PTO/SB/08B (Modified) Information Disclosure Statement By Applicant <i>(Use Several Sheets if Necessary)</i> | Atty Docket No.: SHE0065.00 | Application No.: 10/750,996 |
| Applicant: Antoni KOZLOWSKI et al. | | |
| Filing Date: 12/31/2003 Group: 1711 | | |

Other Documents

Examiner: Initial citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.